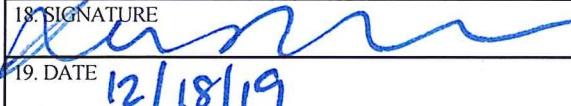


AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS			FOR COURT USE ONLY		
TRANSCRIPT ORDER						DUE DATE:	
<i>Please Read Instructions:</i>							
1. NAME Reyna Ramirez		2. PHONE NUMBER (617) 933-0350		3. DATE 12/18/2019			
4. DELIVERY ADDRESS OR EMAIL rramirez@carneydefense.com		5. CITY Boston		6. STATE MA	7. ZIP CODE 02116		
8. CASE NUMBER 1:15-cr-10271-WGY		9. JUDGE Young		DATES OF PROCEEDINGS 10. FROM 5/20/2019 11. TO 10/9/2019			
12. CASE NAME USA v. Levin				LOCATION OF PROCEEDINGS 13. CITY Boston 14. STATE MA			
<input checked="" type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input checked="" type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER							
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input checked="" type="checkbox"/> VOIR DIRE		05/20/2019		<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)			
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)		05/21/2019		All Ws		05/20, 05/21, 05/22, 05/29, 05/30/2019	
<input checked="" type="checkbox"/> OPENING STATEMENT (Defendant)		05/21/2019					
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		05/29/2019		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)			
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		05/29/2019		Final Pre-Trial		05/14/2019	
<input type="checkbox"/> OPINION OF COURT							
<input checked="" type="checkbox"/> JURY INSTRUCTIONS		05/29/2019		<input type="checkbox"/> OTHER (Specify)			
<input checked="" type="checkbox"/> SENTENCING		10/09/2019					
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE 				PROCESSED BY			
19. DATE <u>12/18/19</u>				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY R				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00	

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